

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045379

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 3318

FILED DEC 8 1962

## 1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN NormandyLength of stay in lb  
6 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Normandy OsteopathicInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY St. Louisc. CITY OR TOWN St. Louis Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9417 Page Blvd. Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First FloraMiddle CLast Moore4. DATE OF DEATH  
Month November Day 13 Year 19625. SEX  
Female6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-21-19079. AGE (last birthday)  
55IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Refinishing Shoes10b. KIND OF BUSINESS OR INDUSTRY  
International Shoe Co.11. BIRTHPLACE (City and state or country)  
Deeta, Ill.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

William L. Cain

## 13b. MOTHER'S MAIDEN NAME

Lydia Wilson

## 14. NAME OF HUSBAND OR WIFE

Virgil Moore15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Virgil D. Moore 111 Elm E. St. Louis, Ill.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Ventricular Fibrillation

## INTERVAL BETWEEN ONSET AND DEATH

Seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Intra Aortic Aneurysm7 days

## DUE TO (c)

Arteriosclerosis & Mitral Stenosis4 yrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 11:35 Month, Day, Year 11-13-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/7/62 to 11-13-62 and last saw her alive on 11-13-62  
Death occurred at 12:35 P. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William O. McKeown MD

## 22b. ADDRESS

2311 Cordoba Ct. Clayton 5, Mo.

## 22c. DATE SIGNED

11/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal-Auto 11-16-62Tuscola CemeteryTuscola, Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

BAUMANN BROS. OVERLAND, MO.

25. DATE RECD. BY LOCAL REG.

11-14-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3456

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.